

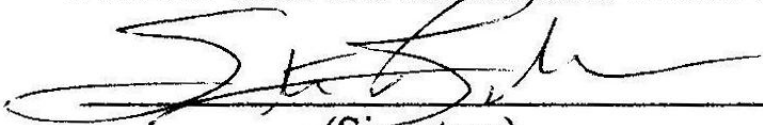
STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077


1. TITLE OF NEWSPAPER Capital Journal		2. DATE 11/6/13
3. FREQUENCY OF ISSUE Daily	3A. NO. OF ISSUES PUBLISHED ANNUALLY 257	3B. ANNUAL SUBSCRIPTION PRICE \$
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 333 West Dakota Pierre, SD 57501		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER: Steven Baker		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME Wick Communications		COMPLETE MAILING ADDRESS 333 West Wilcox Suite 302 Sierra Vista, AZ 85635
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	3981	4053
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	2,528	2,788
2. Mail Subscription (Paid and or requested)	706	707
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	3,234	3,495
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	336	242
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	6	6
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	3,576	3,743
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	325	310
2. Return from News Agents	-	-
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	3,901	4,053

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:


 (Signature)

Publisher
 (Title)

State of South Dakota)
 §
 County of Hughes)
 (Seal)

Sworn to before me this 7 day of November, 2013

 Notary Public
 My commission expires: 2-19-2015



**UNITED STATES
POSTAL SERVICE®**

**Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)**

1. Publication Title Capital Journal	2. Publication Number							3. Filing Date 10/01/2013
		1	4	2	-	1	8	0
4. Issue Frequency Daily, Mon-Fri except Holidays	5. Number of Issues Published Annually 257							6. Annual Subscription Price \$160
Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) Capital Journal, 333 W Dakota Ave, Pierre, SD 57501							Contact Person Steve Baker	
							Telephone (Include area code) 605-224-7301	

Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)

Capital Journal, 333 W Dakota Ave, Pierre, SD 57501

Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

Publisher (Name and complete mailing address)

Steve Baker, PO Box 878, Pierre, SD 57501

Editor (Name and complete mailing address)

Lance Nixon, PO Box 878, Pierre, SD 57501

Managing Editor (Name and complete mailing address)

1. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
Wick Communications	333 W Wilcox Dr, Ste 302, Sierra Vista, AZ 85635

2. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box ☒ None

Full Name	Complete Mailing Address
Bank of America	201 W Washington St, Phoenix, AZ 85004

3. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☐ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)